

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 2-25-02 and 2-27-02.
- b. The request was received on 6-7-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOB
 - d. Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 7-11-02. There is no response from the Requestor in the file.
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor with a copy to the insurance carrier Austin Representative of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 7-11-02. There is no Carrier initial or 14 day response noted in the dispute packet.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 6-6-02:

We are officially notifying the 'Commission' that the sender of this package is requesting a 'Medical Dispute Resolution' pursuant to rule 133.307. This rule is applicable because this initial dispute resolution request is being filed after January 1, 2002. Our request is made in the form, format and manner prescribed by the Commission, per Rule 133.307 (e)."
2. Respondent: No response was noted in the dispute packet.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 2-25-02 and 2-27-02.
2. The Carrier has denied the disputed services as reflected on the EOB as “O – DENIAL AFTER RECONSIDERATION”; “F – FEE GUIDELINE MAR REDUCTION THE AUDIT WILL STAND AS INITIALLY EVALUATED”
3. The following table identifies the disputed services and Medical Review Division's rationale:

| DOS | CPT or Revenue CODE | BILLED | PAID | EOB Denial Code(s) | MARS | REFERENCE | RATIONALE: |
|--------------------|----------------------|--------------------|--------------------|--------------------|---------|---|--|
| 2-25-02 2-27-02 | 97022-22 97022-22 | \$40.00 \$40.00 | \$20.00 \$20.00 | O, F O, F | \$40.00 | Medicine Ground Rules (I) (C) (7); CPT Descriptor | <p>The Carrier has denied the disputed services as “O – DENIAL AFTER RECONSIDERATION’ AND “F – FEE GUIDELINE MAR REDUCTION THE AUDIT WILL STAND AS INITIALLY EVALUATED”. No additional response was noted from the Carrier in the dispute packet.</p> <p>The Medical Fee Guideline indicates that “Sterile whirlpool is billed as code 97022 with modifier ‘22’ and shall be reimbursed at \$40.00...”. Therefore, reimbursement is recommended in the amount of \$40.00. (\$20.00 x 2 = \$40.00).</p> |
| Totals | | \$80.00 | \$40.00 | | | | The Requestor is entitled to additional reimbursement in the amount of \$40.00 . |

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$40.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 15th day of November 2002.

Lesia Lenart
Medical Dispute Resolution Officer
Medical Review Division

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